

earth, etc. Raymond, in addition to the administration of bromide in such a case, recommends moral treatment.

2. A boy æt. 13½ years, also subject to attacks, but of a different kind. He has been to school since the age of five years. Six months ago, after being locked up by a schoolfellow in the water-closet, and apparently as the result of fright, he became giddy on returning home, slept badly the following night, and dreamt a good deal. Since then he has had daily fits, which begin with a kind of aura, beating in the temples, hissing in the ears, vertigo, thumping of the heart; then he falls to the ground, becomes stiff, and struggles. At the onset there was no loss of consciousness, but now it is the rule. The attacks last two minutes; he gets up tired, cries, but does not feel an irresistible desire to sleep. It is difficult in some cases to diagnose hysteria from epilepsy. On one occasion the boy had involuntary micturition during a fit, but this may be seen in hysteria. He has bitten his tongue sometimes; this is in favour of epilepsy. There is, at times, some weakness on the left side; this does not help much in diagnosis. But there are disorders of sensation. On the left one notes absolute anæsthesia limited to the upper third of the arm, and close to this hyperæsthesia; this points almost certainly to hysteria. Moreover, in the post-paroxysmal stage, instead of being drowsy and sleepy the boy cries for a while, and, recovering himself, becomes cheerful again. This confirms the diagnosis of hysteria. The treatment here recommended is by persuasion ("suggestion")—the attention must be exalted, and sensation restored. If necessary hypnotism may be required to annul the memory of the emotion which seemed to give rise to the morbid phenomena.

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*Psychical Disorders in Malaria* [*Les troubles psychiques dans le paludisme*]. (*Le Prog. Méd.*, Sept. 28th, 1901.) *Cardamatis*.

After reviewing the historical aspect of this question from the time of Hippocrates down to our days, the author gives the results of his clinical experience. He classifies clinically the intellectual disorders which are associated with, or due to, malaria into—(a) those which accompany the febrile attacks; (b) those which occur during the intervals, as well as during the attacks, of chronic malaria; (c) those which are observed in the course of intermittent fevers and pernicious attacks; (d) disorders which appear during the malarial cachexia. Great stress is laid upon the predisposing causes as compared with the immediate or exciting cause—the poison; the malarial parasite provokes simple hyperæmias; other pathological alterations beyond this are, according to the author, related to the predisposition of the organism. The close relation to alcoholic toxæmia is emphasised. Among the general conclusions are—(a) malaria lights up morbid predispositions (neurasthenia, hysteria, psychoses), or a general or local disorder present in a latent state; it may aggravate disorders already active; (b) the delusional state of malaria is provoked by hallucinations; (c) according to the degree of excitability of the individual, the condition of predisposition, and the activity of the malarial poison, four degrees of malarial toxæmia may be distinguished: (1) excitement, (2) anæsthesia, (3) coma, (4) paralysis; (d) acute forms of insanity occur

but rarely in malaria; (e) beyond the melancholic type and the maniacal type there is a third type of insanity, often seen following upon a febrile attack—the mixed depressive and excited type; (f) psychical disorders in the course of chronic malaria are rare, while the occurrence of psychoses, which are said to appear some time after the disappearance of malaria, is doubtful. H. J. MACEVOY.

*Case of Acute Delirious Mania [Sur un cas de délire aigu]. (Gaz. des Hôp., Jan. 14th, 1902.) Buvat.*

This is a case, apparently, of endogenous toxic origin, immediately arising after a violent emotion of sorrow, which caused sudden suppression of the menses. J. C—, ♀, was admitted into Villejuif Asylum, May 1st, with certificates stating that she was acutely maniacal and violent, and that she also presented signs of mental enfeeblement and alcoholism. She was restless, incoherent, violent, and slightly feverish. The onset of her illness dated from the beginning of her child's illness; she became sad, irritable, and ate but little. The child dying, her menstruation ceased after twenty-four hours' duration, and she began to have delusions. A few days later she became acutely maniacal. May 2nd, restless, incoherent, destructive, scarcely heeds questions; has to be fed with stomach-pump; temperature 37·8° C. Between May 3rd and May 12th temperature varied between 39·4° C. and 38·2° C., and the acutely maniacal condition persisted. No sign of typhoid, etc. Wasting rapidly. This went on, more or less, till June 6th, when the patient became quieter; her temperature fell to normal, and her tongue became cleaner. After June 14th, although there was no fever and the acute delirious condition did not recur, the patient remained maniacal until the end of August—restless, incoherent, sleeping badly, mistaking identities, etc.

On August 30th a sudden emotion apparently brought about convalescence. One of five patients with whom she was bathing made an attempt to drown one of the attendants, thereupon J. C— rushed to the alarm bell and fled naked from the bath-room, shouting for help. A few minutes later she gave a sensible connected account of what occurred in the bath-room, although she was incoherent and maniacal when she was being undressed. From that time she rapidly improved, gained weight, and was discharged October 10th.

Dr. Buvat believes that the copious injections of serum (with chlorides and bromides in solution) he gave had a beneficial effect on the course of the illness. H. J. MACEVOY.

*On a Special Form of Negation of Memory [Sopra una forma speciale di negativismo mnemonico]. (Il Manicomio, anno xvii, No. 3, 1901.) Angiolella.*

The patient was a man æt. 40 years, with nothing special in his family history. His first mental symptoms—apparently of an acute confusional type—occurred in 1899, following an attack of some infective fever, probably typhoid, in Brazil. After treatment in an asylum he returned to Italy in April, 1900, when he presented no other mental symptoms except the peculiar disorder of memory described in